## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
National Rifle Association of America Political Victory Fund				
	C C00053553			
Check if 24-hour report X 48-hour report New report Amends report filed on				
Full Name of Payee	Date of Public Distribution/Dissemination			
James A. Davis	10 11 2014			
Mailing Address d/b/a Commonwealth Target Company				
2633 W. Main	Amount			
City State Zip Code	45.00			
Spring Glen PA 17978	Transaction ID : 62042470 Date of Disbursement or Obligation			
Purpose of Expenditure Booth Rental  Category/ Type  004	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office	e Sought: X House District: 06			
Ryan Costello Oppose	President Senate State: PA			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary			
Full Name of Payee	Date of Public Distribution/Dissemination			
Disruptor Fund PAC	10 11 2014			
Mailing Address P.O. Box 25123	10 11 2014			
	Amount			
City State Zip Code	250.00			
Alexandria VA 22313	Transaction ID : 62043785  Date of Disbursement or Obligation			
Purpose of Expenditure  Category/ Code	M M / D D / Y Y Y Y			
Booth Rental Type 004				
Name of Federal Candidate Support Office	e Sought: House District:			
Edward Gillespie Oppose	President State: VA State:			
Galorida Todi to Bato	ursement For: Primary X General			
Per Election for Office Sought 0.00 2014	Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	295.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
Buto	0 11 2014			
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Rifle Association of America Political Vict	ory Fund	FEC IDENTIFICATION NUMBER ▼
		C C00053553
Check if 24-hour report X 48-hour report New report	Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Disruptor Fund PAC		Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 25123		Amount
City State Z	ip Code	250.00
·	22313	Transaction ID : 62043786 Date of Disbursement or Obligation
Purpose of Expenditure Booth Rental	Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office	Sought: X House District: 10
Barbara Comstock	Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbu 2014	rsement For: Primary X General  Other (specify) ▶
Full Name of Payee American Military Family, Inc.		Date of Public Distribution/Dissemination
Malling Address		10 11 2014
Mailing Address P.O. Box 1101		Amount
City State Z	ip Code	350.00
	80601	Transaction ID: 62093495 Date of Disbursement or Obligation
Purpose of Expenditure Booth Rental	Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 06
Mr. Michael Coffman	Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbu 2014	orsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		600.00
	ŕ	
(b) SUBTOTAL of Unitemized Independent Expenditures	•	4 4
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.	•	
Mary Rose Adkins [Electronica	ally Filed] Date 1	0 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		TOTALO		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Rifle Association of America Po	olitical Vic	ctory Fund	FEC II	DENTIFICATION NUMBER ▼  C00053553
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee American Military Family, Inc.			Date of Publi	ic Distribution/Dissemination
Mailing Address P.O. Box 1101			Amount	2014
1 '		Zip Code 80601		350.00 ID: 62093496
Purpose of Expenditure Booth Rental		Category/ Type 004	Date of Disbl	ursement or Obligation
Name of Federal Candidate  Cory Gardner		Support Oppose	Office Sought:	House District:
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: 2014 Other (sp	Primary X General
Full Name of Payee  Downtown Billings Association  Mailing Address 2815 2nd Avenue, N.			Date of Publ	ic Distribution/Dissemination / 11 / 2014
Billings	State MT	Zip Code 59101	Transaction I	100.00 <b>D : 62093498</b> ursement or Obligation
Purpose of Expenditure Booth Rental		Category/ Type 004	M - M	/ D D / Y Y Y Y Y
Name of Federal Candidate Steven Daines		Support Oppose	Office Sought:  President	House District:  Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	450.00
(b) SUBTOTAL of Unitemized Independent Expenditures	9S		<b>&gt;</b>	4
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 2
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Mary Rose Adkins Signature	[Electronia	cally Filed] Date	10 / 11	2014

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48					
National Rifle Association of America Political Victory Fund	FEC IDENTIFICATION NUMBER ▼					
realistical ratio resociation of rational relation violety ratio	C C00053553					
Sheck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee Kenny Woods Gun Shows	Date of Public Distribution/Dissemination					
	10 11 2014					
Mailing Address P.O. Box 334	Amount					
City State Zip Code	66.00					
Manchester IA 52057	Transaction ID : 62093500  Date of Disbursement or Obligation					
Purpose of Expenditure Booth Rental  Category/ Type 004	M M / D D / Y Y Y Y					
Name of Federal Candidate Support Office	Sought: House District:					
Sen. Mitch McConnell Oppose	President State: KY					
Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For:  Primary  General  Other (specify) ▶					
Full Name of Payee	Date of Public Distribution/Dissemination					
	M = M / D = D / Y = Y = Y					
Mailing Address	Amount					
City State Zip Code						
	Date of Dishussement on Ohlinstian					
Purpose of Expenditure  Category/ Type	Date of Disbursement or Obligation					
Name of Federal Candidate Support Office	Sought: House District:					
Oppose	President Senate State:					
Calendar Year-To-Date Per Election for Office Sought	rsement For: Primary General  Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	66.00					
(b) SUBTOTAL of Unitemized Independent Expenditures	117117117					
(c) TOTAL Independent Expenditures	1411.00					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Mary Rose Adkins [Electronically Filed] Date Signature						